| METHOD OF PAYMENT ( <i>Check all that apply</i> )  |          |            |         |                    |                       |             |                |  |  |   |  |
|--|----------|------------|---------|--------------------|-----------------------|-------------|----------------|--|--|---|--|
| <ul> <li>□ A check or money order is enclosed to cover the filing fees.</li> <li>☑ Payment by credit card. Form PTO-2038 is attached.</li> </ul>   |          |            |         |                    |                       |             |                |  |  |   |  |
|  |          |            |         |                    |                       |             |                |  |  | • | A check or money order is enclosed to cover the filling fees.  Payment by credit card. Form PTO-2038 is attached.    FEE CALCULATION |
| 1. Basic Filing, Search and Examination Fees   |          |            |         |                    |                       |             |                |  |  |   |  |
|  | Filing I | Fees       | Search  | Fees               | Examir                | nation Fees | Fees Paid (\$) |  |  |   |  |
| Application Type:  | Fee(\$)  | • • •      | Fee(\$) |                    | , ,                   |             |                |  |  |   |  |
| Utility  | 310      | 155        | 510     | 255                | 210                   | 105         | \$0            |  |  |   |  |
| Design   | 210      | 105        | 100     | 50                 | 130                   | 65          |                |  |  |   |  |
| Reissue  | 310      | 155        | 510     | 255                | 620                   | 310         |                |  |  |   |  |
| Provisional  | 210      | 105        | 0       | 0                  | 0                     | 0           |                |  |  |   |  |
| 2. Excess Claims Fees 2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity) 2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity) 2.3 Multiple dependent claims \$360 (\$180 small entity) |          |            |         |                    |                       |             |                |  |  |   |  |
| Total Claims   |          |            | _       |                    | *                     |             | 40             |  |  |   |  |
|  |          |            |         |                    |                       |             | <u> </u>       |  |  |   |  |
| 1 -  |          |            |         |                    | <b>、</b> · · <i>,</i> |             | \$0            |  |  |   |  |
| Multiple Dep. Cl   | aims     |            |         | _                  | • • •                 |             |                |  |  |   |  |
| 3. Application Size Fee  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).  |          |            |         |                    |                       |             |                |  |  |   |  |
| Total Sheets   |          | dra Sheets |         | Fee (\$)           |                       |             | ••             |  |  |   |  |
| - 10   | 00 = _   | /50 =      | ×       | <b>(</b> \$260 (\$ | 3130)                 |             | <u>\$0</u>     |  |  |   |  |
| 4. Other Fee(s)  |          |            |         |                    |                       |             |                |  |  |   |  |
| Non-English specification (\$130 fee, no small entity discount)  Other: 3 month extension fee  |          |            |         |                    |                       |             | 525.00         |  |  |   |  |
| Other. Otherare  |          |            |         |                    |                       |             | 323.00         |  |  |   |  |

| SIGNATURE    |            | Konclands |                     |              |  |  |
|--------------|------------|-----------|---------------------|--------------|--|--|
| PRINTED NAME | Ron Jacobs |           | TELEPHONE           | 650-424-0100 |  |  |
| DATE         | 11/15/07   |           | REGISTRATION NUMBER | 50,142       |  |  |